

Health Care for the Homeless

RESEARCH UPDATE

Volume IX, No. 3

July 2008

A publication of the National Health Care for the Homeless Council, Inc. Production and distribution are made possible by a grant from the Health Services and Resources Administration (HRSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA or the National HCH Council.

Each quarter, research databases are searched for publications related to health care and homelessness. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) April –June 2008. Summaries are categorized into themes which vary each quarter.

HOMELESS CHILDREN AND ADOLESCENTS

Title: A Longitudinal Study of Early Adolescent Precursors to Running Away

Authors: Tyler KA, Bersani BE

Source: Journal of Early Adolescence, 28(2):230-251, May 2008.

Summary: Although previous research has examined correlates of running away among samples of currently homeless and runaway adolescents, little is known about what factors will predict the likelihood that a housed adolescent with no prior history of running away will leave home. As such, the current study uses the National Longitudinal Survey of Youth to examine predictors of running away among a diverse sample of housed adolescents ages 12 through 13. Results indicate that socioeconomic status, being African American or Hispanic, and monitoring were significantly predictive of a decrease in the mean rate of running away in midadolescence. In contrast, being female, neighborhood victimization, personal victimization, school suspension, and delinquency all significantly increased the expected frequency of running away. Although findings provide some support for previous cross-sectional studies, they also point to the importance of young people's community environment as a risk factor for leaving home.

Title: Interaction of Duration of Homelessness and Gender on Adolescent Sexual Health Indicators

Authors: Rew L, Grady M, Whittaker TA, Bowman K

Source: Journal of Nursing Scholarship, 40(2):109-115, 2008.

Summary: The purpose of this analysis was to determine the effects of duration of homelessness and gender on personal and social resources, cognitive-perceptual factors, and sexual health behaviors among homeless youth. Cross-sectional analysis of data collected at baseline from 461 homeless adolescents who participated in a

sexual health intervention study was done. Data were collected via laptop computers from homeless adolescents (mean age = 19.52 + 1.91 years) in both comparison and intervention groups before the initiation of the intervention. Significant interaction effects were found for personal and social resources. Male participants who had been homeless < 6 months had significantly higher scores on social connectedness than did male participants who were homeless > 1 year. Univariate analysis of variance (ANOVA) indicated that both boys and girls who had been homeless > 1 year had greater AIDS knowledge, reported significantly more sexual risk-taking behaviors, and engaged in fewer safe-sex behaviors than did those who had been homeless < 6 months. Univariate ANOVA indicated that female participants had significantly lower levels of perceived health status, significantly greater sexual self-care behaviors, and significantly higher levels of assertive communication than did male participants, regardless of duration of homelessness. The duration of homelessness and gender has both direct and interaction effects on cognitive-perceptual and behavioral outcomes associated with sexual health. Nurses and other healthcare providers working with homeless youth recognize the need to develop brief interventions that address health-risk behaviors. Findings from this study indicate that gender-specific interventions should be provided to youth soon after they become homeless.

Title: Toward a Needs-Based Typology of Homeless Youth

Author: Bucher CEC

Source: Journal of Adolescent Health, 42(6):549-554, Jun 2008.

Summary: Research on homeless youth consistently suggests a need for a broad matrix of services to facilitate a successful transition into housed society. This paper seeks to develop distinct matrices of services for youth according to their involvement in, or experience with, high-risk factors. Such a typology may increase the ability of providers to maximize the impact of scarce resources and organize treatment and reintegration efforts to match the needs of vulnerable youth. Seven risk categories were identified in the literature: abusive experiences, involvement in prostitution, involvement in criminal activities, suicidal ideation/attempt, living circumstances, alcohol/marijuana use, and the use of drugs other than alcohol and marijuana. K-means cluster analysis was then used to separate 422 homeless youth based on their

involvement in or experience with these categories. Four distinct treatment needs were identified: Group 1-minimal treatment; Group 2-therapeutic housing with an emphasis on substance abuse; Group 3-therapeutic housing with an emphasis on behavior management; Group 4-comprehensive treatment. According to this typology, less than 18% of this sample are adequately served by the current system of federal intervention, whereas the largest group is in need of comprehensive services to successfully re-enter housed society.

Title: Individual and Environmental Protective Factors for Risky Sexual Behavior among Homeless Youth: An Exploration of Gender Differences

Authors: Trevendale HD, Lightfoot M, Slocum SL

Source: AIDS and Behavior, Jun 6, 2008. [Epub ahead of print]

Summary: The goal of the current study was to identify potential individual and environmental protective factors for sex risk behavior among homeless youth. We explored gender differences in the prediction of unprotected sex and number of sex partners. Data were collected from 192 sexually active, homeless youth who were 14-21 years old. High rates of sex risk behavior were reported. Significant gender differences were found in STD rates with 19% of females and 2% of males reporting an STD diagnosis during the previous three months. Findings indicated that positive expectations for the future were associated with fewer sex partners for both genders, whereas decision making skills predicted a lower percentage of unprotected sex for males and fewer sex partners for females. For females, univariate analyses indicated that self-esteem and having a natural mentor may reduce the likelihood of unprotected sex, whereas multivariate analysis indicated that being employed or in school may play a protective role with respect to number of sex partners.

Title: Child Abuse in Blended Households: Reports from Runaway and Homeless Youth

Author: McRee N

Source: Child Abuse and Neglect, 32(4):449-453, Apr 2008.

Summary: Building upon prior research that reveals an elevated risk of abuse to children in blended households, the study considers whether risk of abuse varies by the type of non-related parent figure (i.e., stepparent, adoptive parent, or cohabiting adult) in residence. A sample of 40,000 youths that sought services from runaway and homeless youth shelters in the US was examined. Holding constant the presence of a natural parent, the study evaluated the risk of abuse by the presence and type of an additional parent figure in the home. Compared with other household types, an elevated risk of sexual and physical abuse was observed for youths from homes with a non-related parent figure in residence. Among youths from blended homes, the risk of abuse was not found to vary as a function of the type of non-related parent figure in the home. The study results are consistent with prior research that shows the presence of a non-related parent figure in a household is associated with a greater than expected risk of sexual or physical abuse to children. However, the findings suggest that the particular role or status of non-related parents may not be a meaningful risk factor when considering

intervention strategies in suspected cases of abuse in blended households. The sample probably represents family conditions that are significantly worse for children than what would be found in the general population, and thus the results of this study should not be generalized to the population at large.

Title: Correlates of Substance Use among Homeless Youths in Eight Cities

Authors: Salomonsen-Sautel S, Van Leeuwen JM, Gilroy C, Boyle S, Malberg D, Hopfer C

Source: The American Journal on Addictions, 17(3):224-234, May-Jun 2008.

Summary: Homeless youths (N = 684) in eight cities participated in this study to understand the rates and correlates of substance use. Rates of lifetime and recent substance use ranged from 66% to 90%. Variability in lifetime and recent substance use was partially explained by being white (ages 14-17); ever attempting suicide (ages 14-17); not being African American (lifetime substance use) or Hispanic (ages 18-24); being male (ages 18-24); identifying as lesbian, gay, or bisexual (ages 18-24); using substances with a parent; beginning substance use at a young age; and having a family history of a substance problem.

Title: Circumstances of First Crystal Methamphetamine Use and Initiation of Injection Drug Use among High-Risk Youth

Authors: Wood E, Stoltz JA, Zhang R, Strathdee SA, Montaner JS, Kerr T

Source: Drug and Alcohol Review, 27(3):270-276, May 2008.

Summary: Despite the widely noted increase in crystal methamphetamine (CM) use, there are few studies on circumstances of first CM use or correlates of use among high-risk populations (e.g. street-involved youth). Street-involved youth in Vancouver, Canada, were enrolled in the At-Risk Youth Study (ARYS) prospective cohort. Extensive outreach produced a representative sample of Vancouver street youth who use illicit drugs. We examined circumstances of first CM use and factors associated with CM use among the cohort. Among 478 participants, 339 (70.9%) had used CM previously. Despite intensive covariate adjustment, a history of CM use was associated independently with having initiated injection drug use. Among those who had used CM, route of first administration included: 11 (3.2%) oral ingestion; 25 (7.4%) injected; 105 (31.0%) snorted; 231 (68.1%) smoked. The proportion of respondents reporting current CM injection was significantly greater than the proportion reporting injection as the route for first CM use (18.3% vs. 7.4%). Ability to obtain CM the first time was reported as 'very easy' or 'easy' by 93.5% and 5.3% of participants, respectively. Crystal methamphetamine use was independently associated with injection drug use, and significant increases in injecting as the primary mode of administration were observed when patterns of use were considered longitudinally. The easy accessibility of CM and its common use during transition into injection drug use demonstrate the need for innovative drug policy to address this growing concern.

Title: Ethical Issues in Research with Homeless Youths

Authors: Ensign J, Ammerman S

Source: Journal of Advanced Nursing, 62(3):365-372, May 2008.

Summary: This paper is a report of a study to document researcher, healthcare provider and programme administrators' experiences with ethical issues in research with homeless youths in North America. While there are legal and ethical guidelines for research with adolescents and with vulnerable populations in general, there are no specific guidelines for the ethical conduct of research with homeless youths. Using a web-based questionnaire, healthcare and social service providers, programme administrators and researchers working with homeless young people throughout the United States of America and Canada were surveyed in 2005. The survey group consisted of 120 individuals; a total of 72 individuals completed the survey. Survey questions included experiences with using incentives in research with homeless youths, consent and experiences with ethics review boards. Numerical data were analysed using frequencies and cross-tabulations. Text data were analysed qualitatively. Researchers doing mental health and/or substance use research tended to use money as a research incentive, whereas healthcare providers and programme administrators tended to use non-monetary incentives. The majority of respondents reported using written consent for research from homeless youths, including minors. Respondents reporting difficulties with ethics review boards were mainly involved with intervention research. Consensus is needed from a variety of stakeholders, including homeless youths and service providers, on use of various types of research incentives for different types of research, as well as use of consent for homeless youths who are minors.

INFECTIOUS DISEASES

Title: Homelessness and the Response to Emerging Infectious Disease Outbreaks: Lessons from SARS

Authors: Leung CS, Ho MM, Kiss A, Gundlapalli AV, Hwang SW

Source: Journal of Urban Health Bulletin of the New York Academy of Medicine, 85(3):402-410, May 2008.

Summary: During the 2003 severe acute respiratory syndrome (SARS) outbreak in Toronto, the potential introduction of SARS into the homeless population was a serious concern. Although no homeless individual in Toronto contracted SARS, the outbreak highlighted the need to develop an outbreak preparedness plan that accounts for unique issues related to homeless people. We conducted key informant interviews with homeless service providers and public health officials (n=17) and identified challenges specific to the homeless population in the areas of communication, infection control, isolation and quarantine, and resource allocation. Planning for future outbreaks should take into account the need to (1) develop systems that enable rapid two-way communication between public health officials and homeless service providers, (2) ensure that homeless service providers have access to infection control supplies and staff training, (3) prepare for possible homeless shelter closures due to staff shortages or high attack rates among clients, and (4) plan for where and how clinically ill homeless individuals will be isolated and treated. The Toronto SARS experience provided insights that

are relevant to response planning for future outbreaks in cities with substantial numbers of homeless individuals.

Title: Prevalence and Correlates of Previous Hepatitis B Vaccination and Infection among Young Drug-Users in New York City

Authors: Amesty S, Ompad DC, Galea S, Fuller CM, Wu Y, Koblin B, Vlahov D

Source: Journal of Community Health, 33(3):139-148, Jun 2008.

Summary: Hepatitis B (HBV) vaccination coverage remains low among drug users. In 1997, ACIP made hepatitis B vaccine available for persons aged 0-18 years and many states began requiring HBV vaccination for entry into middle school; these programs might affect HBV vaccination and infection rates in younger DUs. We were interested in determining correlates of immunization among younger (< 25 years) and older (25 and older) DUs. A community-based sample of 1,211 heroin, crack, and cocaine users 18 or older was recruited from Harlem and the Bronx. We assessed previous HBV vaccination and infection and correlates using bivariate analyses. The sample was predominantly male (74.0%), aged >= 25 years (67.1%) and Hispanic (59.9%). In terms of socioeconomic status, 57.1% had less than a high school education, 84.5% had been homeless in their lifetime, and 48.0% had an illegal main income source. Among 399 DUs younger than 25 years of age, 30% demonstrated serological evidence of previous vaccination, 49.9% were susceptible to HBV at baseline, and 20% showed evidence of infection. In our model, previous HBV infection and vaccination status were associated with being 22 years old or younger. Compared to susceptible individuals, those vaccinated were significantly less likely to be born in other countries. Among 812 DUs 25 and older, 10.6% demonstrated serological evidence of previous vaccination, 59.2% were susceptible to HBV at baseline, and 30.2% showed evidence of infection. Existing interventions to increase HBV vaccination among adolescents should target high risk groups.

Title: Project VIVA: a Multilevel Community-Based Intervention to Increase Influenza Vaccination Rates among Hard-to-Reach Populations in New York City

Authors: Coady MH, Galea S, Blaney S, Ompad DC, Sisco S, Vlahov D; Project Viva Intervention Working Group

Source: American Journal of Public Health, 98(7):1314-1321, May 29, 2008. [Epub ahead of print]

Summary: We sought to determine whether the work of a community-based participatory research partnership increased interest in influenza vaccination among hard-to-reach individuals in urban settings. A partnership of researchers and community members carried out interventions for increasing acceptance of influenza vaccination in disadvantaged urban neighborhoods, focusing on hard-to-reach populations (e.g., substance abusers, immigrants, elderly, sex workers, and homeless persons) in East Harlem and the Bronx in New York City. Activities targeted the individual, community organization, and neighborhood levels and included dissemination of information, presentations at meetings, and provision of street-based and door-to-door vaccination during 2 influenza vaccine seasons. Participants were recruited via

multiple modalities. Multivariable analyses were performed to compare interest in receiving vaccination pre- and postintervention. There was increased interest in receiving the influenza vaccine postintervention. Being a member of a hard-to-reach population, having ever received an influenza vaccine, and being in a priority group for vaccination were also associated with greater interest in receiving the vaccine. Targeting underserved neighborhoods through a multilevel community-based participatory research intervention significantly increased interest in influenza vaccination, particularly among hard-to-reach populations. Such interventions hold promise for increasing vaccination rates annually and in pandemic situations.

Title: Seroprevalence of HCV Infection in Homeless Baltimore Families

Authors: Schwarz KB, Garrett B, Alter MJ, Thompson D, Strathdee SA

Source: Journal of Health Care for the Poor and Underserved, 19(2):580-587, May 2008.

Summary: Our objective was to investigate hepatitis C virus (HCV) seroprevalence in homeless caregivers and their children 2-18 years of age living in a family. During a 30-month period from October 2001 through April 2004 in Baltimore, 170 caregivers enrolled and 168 of these accepted testing for antibody to HCV (anti-HCV), as did all 336 children and adolescents enrolled. None of the children younger than 18 years old were HCV seropositive; in striking contrast, however, 32 (19%) caregivers were seropositive. Most (59%) were previously unaware of their HCV serostatus. History of ever injecting drugs was the strongest predictor of HCV seropositive status in the caregivers, reported by 14% overall, and by 71% of HCV positives. The homeless families were very receptive to our HCV seroprevalence study and are likely also to be receptive to shelter-based HCV prevention programs for young children and adolescents as well as for adults.

TRANSITIONING TO HOUSING

Title: From Homeless to Housed: Caring for People in Transition

Author: Drury LJ

Source: Journal of Community Health Nursing, 25(2):91-105, Apr-Jun 2008.

Summary: This ethnographic study was conducted to determine what homeless people experience during the transition from street life into community housing. Data were gathered through participant observation at a program designed to secure housing and support services for homeless people upon discharge from a psychiatric hospital. Sixty homeless, mentally ill adults were followed from hospital discharge through their first 2 years in community housing. Homeless people interact with health care providers across a cultural divide produced by vast differences in their lived experiences. This cultural distance limits access to the services that these individuals require to achieve residential stability.

HOMELESS WOMEN

Title: Ladies' Night: Evaluating a Drop-In Programme for Homeless and Marginally Housed Women in San Francisco's Mission District

Authors: Magee C, Huriaux E

Source: International Journal of Drug Policy, 19(2):113-121, Apr 2008.

Summary: Gender, race, class, and sexuality create a unique set of requirements for addressing HIV risk among homeless and marginally housed (HMH) women. Though studies have recommended both individual and structural prevention strategies tailored to meet the expansive needs of this community, there is a paucity of research on interventions specific to HMH women. Ladies' Night is a service-rich drop-in programme for HMH women in San Francisco's Mission District. In 2006, an exploratory evaluation was conducted to examine the programme's benefits and challenges and identify opportunities to advocate for participants. The evaluation was grounded in ethnography and social network theory. It used three qualitative data collection tools in its methodology: (1) interviews with 5 providers and 8 participants; (2) a self-administered survey completed by 7 participants; and (3) observation field notes from 9 Ladies' Night sessions. Evaluation findings demonstrate the following: (1) as a harm reduction-based program, Ladies' Night provides safety and social support for programme participants, fosters positive change and promotes health; and (2) the programme has two significant challenges—the social context of participants' lives and resource limitations that affect service provision. Recommendations call for allocation of resources to support: (1) sustainable women-specific services for HMH women in San Francisco; and (2) consistent assessment and evaluation of those services.

Title: Telling My Story: From Narrative to Exhibit in Illuminating the Lived Experience of Homelessness among Older African American Women

Authors: Washington OGM, Moxley DP

Source: Journal of Health Psychology, 13(2):154-165, Mar 2008.

Summary: The authors document the integration of methods from the arts and humanities into a social research and development project, the objectives of which are to create and test promising interventions helpful in assisting older homeless African American women get and stay out of homelessness in the city of Detroit, Michigan, USA. The exhibit incorporates multiple forms of narrative, includes performative features, promotes public awareness of homelessness in the city of Detroit, and engages homeless and formerly homeless women in social action. The authors examine the prototype design and the involvement of participants in creating artistic portrayals of their homeless experience.

VIOLENCE

Title: Profiles of Behavioral Problems in Children Who Witness Domestic Violence

Authors: Spilsbury JC, Kahana S, Drotar D, Creeden R, Flannery DJ, Friedman S

Source: Violence and Victims, 23(1):3-17, 2008.

Summary: Unlike previous investigations of shelter-based samples, our study examined whether profiles of adjustment problems occurred in a community-program-based sample of 175 school-aged children exposed to domestic violence. Cluster analysis revealed three stable profiles/clusters. The largest cluster (69%) consisted of children below clinical thresholds for any internalizing or externalizing problem. Children in the next largest cluster (18%) were characterized as having externalizing problems with or without internalizing problems. The smallest cluster (13%) consisted of children with internalizing problems only. Comparison across demographic and violence characteristics revealed that the profiles differed by child gender, mother's education, child's lifetime exposure to violence, and aspects of the event precipitating contact with the community program. Clinical and future research implications of study findings are discussed.

Title: Characteristics of Recent Violence among Entrants to Acute Mental Health and Substance Abuse Services

Authors: Mericle AA, Havassy BE

Source: Social Psychiatry and Psychiatric Epidemiology, 43(5):392-402, May 2008.

Summary: The aim of this study was to describe the characteristics of recent interpersonal violence perpetrated and experienced by individuals recruited from acute crisis mental health and substance abuse treatment settings and to examine differences among incidents involving individuals with mental disorders only (MDO), substance use disorders only (SDO), and co-occurring mental and substance use disorders (COD). Participants (N = 419) were interviewed about their involvement in specific acts of violence in the past 30 days. Participants were also asked about where each incident took place, who was involved, whether individuals were injured, and whether alcohol or drugs were used before the incident. We examined distributions of violence characteristics for the full sample and used logistic regression analyses to test differences among incidents involving participants with MDO, SDO, and COD. Approximately 41% (n = 171) of the sample was involved in at least one incident of violence as a perpetrator or a victim, generating a total of 379 incidents. Far more incidents of violence involved victimization (62%) than perpetration (38%). Most incidents were isolated and involved only perpetration or only victimization. However, a total of 98 (26%) incidents occurred with another incident and constituted 49 episodes of violence that included incidents of perpetration and victimization. Characteristics of perpetration and victimization incidents were similar, except that victimization incidents involved more serious types of violence. The majority of incidents took place outdoors and did not result in injuries. Participants used drugs or alcohol prior to over 40% of incidents. Most incidents of perpetration (70%) targeted someone known to the participant. Diagnostic group was the strongest predictor of

type of injury, location of incident, and use of alcohol and drugs before the incident. Individuals with substance use disorders, either alone or co-occurring with mental disorders, were more likely to report that violent incidents took place outdoors. Individuals with mental disorders, either alone or co-occurring with substance use disorders, were less likely to report alcohol and drug use prior to involvement in violence. Violence is common among individuals entering acute crisis mental health and substance abuse treatment. We found that such persons are more likely to report being victims of violence than perpetrators of violence. In contrast to prior studies, we found that most incidents took place outdoors. Although individuals in different diagnostic groups were no more or less likely to perpetrate or experience violence, they perpetrated and experienced violence under different circumstances. Implications and directions for future research and practice are discussed.

Title: Bidirectional Partner Violence among Homeless Young Adults: Risk Factors and Outcomes

Authors: Tyler KA, Melander LA, Noel H

Source: Journal of Interpersonal Violence, Jun 3, 2008. [Epub ahead of print]

Summary: One of the most prevalent forms of violence in contemporary society is the victimization of intimate partners. Although it has been established that homeless young people experience high levels of victimization on the street, little is known about partner violence (PV) experiences among this group, especially bidirectional violence. As such, the purpose of this study is to examine the prevalence of PV and bidirectional violence and to investigate risk factors and outcomes of this form of violence using a sample of homeless young adults. Overall, 59% of the sample experienced bidirectional violence. Multivariate results reveal that sexual abuse and neglect are significant correlates of PV. In addition, being either a victim or perpetrator of PV is associated with more severe substance use and higher levels of posttraumatic stress disorder (PTSD). Finally, there is support for bidirectional violence among homeless young adults even after controlling for early histories of maltreatment.

STATE VICTIM COMPENSATION

Title: Reduction of State Victim Compensation Disparities in Disadvantaged Crime Victims Through Active Outreach and Assistance: A Randomized Trial

Authors: Alvidrez J, Shumway M, Boccellari A, Green JD, Kelly V, Merrill G

Source: American Journal of Public Health, 98(5):882-8, May 2008.

Summary: We examined whether providing active outreach and assistance to crime victims as part of comprehensive psychosocial services reduced disparities in access to state compensation funds. We analyzed data from a randomized trial of injured crime victims (N = 541) and compared outcomes from comprehensive psychosocial services with usual community care. We examined the impact of outreach and assistance on disparities in applying for victim compensation by testing for interactions between victim characteristics and treatment condition in logistic regression analyses. Victims receiving comprehensive services were much

more likely to apply for victim compensation than were victims receiving usual care. Comprehensive services decreased disparities associated with younger age, lower levels of education, and homelessness. State-level victim compensation funds are available to help individuals recover physically, psychologically, and financially from crime victimization. However, few crime victims apply for victim compensation, and there are particularly low application rates among young, male, ethnic minority, and physical assault victims. Active outreach and assistance can address disparities in access to victim compensation funds for disadvantaged populations and should be offered more widely to victims of violent crime.

SERVICE USE AND ACCESS

Title: Perceptions of Health and Health Service Utilization among Homeless and Housed Psychiatric Consumer/Survivors

Authors: Forchuk C, Brown SA, Schofield R, Jensen E

Source: Journal of Psychiatric and Mental Health Nursing, 15(5):399-407, Jun 2008.

Summary: Homelessness has a direct impact on health. Homeless individuals report several barriers to accessing health care. Although research exists regarding the utilization of health services for homeless and housed psychiatric consumer/survivors, few studies have compared the perceived health and service utilization of these two groups. The objective of this study was to determine whether or not differences exist between the utilization of health services and the perceptions of health of homeless and housed psychiatric consumer/survivors in London, Ontario, Canada. It was hypothesized that differences would exist between homeless and housed psychiatric consumer/survivors on all health-related variables examined. A secondary analysis of quantitative data was conducted in a Community-University Research Alliance on Mental Health and Housing project funded by the Social Sciences and Humanities Research Council of Canada. Key findings include significant differences in the characteristics of each population, the use of health services and their perceptions of health. Implications for practice and policy are discussed.

Title: Health Status and Access to Care for Homeless Adults with Problem Alcohol and Drug Use

Authors: Savage C, Gillespie GL, Lindsell CL

Source: Journal of Addictions Nursing, 19(1):27-33, 2008.

Summary: Problem alcohol and drug use by adult homeless persons may put them at higher risk for other health problems and impact their access to health care. The purpose of this study was to determine if those with a positive screen for problem alcohol or drug use were at increased odds for having a lower health status and less access to care than those without problem alcohol or drug use. This was a secondary analysis of health survey data from a study related to the health of homeless adults. The survey included the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test 10 (DAST-10) for evaluating problem substance use; health related quality of life, health care utilization, and medical history were also included. The impact of problem alcohol use or drug use on the odds of reporting lower general health status, a history of physical or mental illness, use of

the emergency department (ED), and problems getting health care when needed, were estimated using logistic regression. A total of 112 adult homeless participants completed the survey. Participants with problem alcohol use tended to be less likely to obtain health care when needed. Those with problem alcohol or drug use were not at increased odds of reporting a lower general health status, a positive medical history, or ED use. Problem alcohol use was associated with decreased access to health care when needed. Screening for problem alcohol use among homeless adults may not only help to identify those in need of interventions related to alcohol use but also help to identify those in need of help in accessing general health care.

Title: Access to Primary Care Services for Homeless Mentally Ill People

Author: Woollcott M

Source: Nursing Standard, 22(35):40-44, May 7-13, 2008.

Summary: Modernisation of mental health services has been a government priority in recent years with new legislation, increased funding and investment and service reforms. The National Service Framework (NSF) for Mental Health defines national standards to meet the mental healthcare needs of adults up to the age of 65. This article considers standards two and three of the NSF regarding access to primary care services for people with a mental health problem. It discusses whether these standards consider homeless people, who continue to experience significant problems gaining equal access to health care.

Title: Determinants of Use of and Access to Health Care in a Homeless Population in San Francisco

Authors: Brown R, Kushel M

Source: Journal of General Internal Medicine, 23(Suppl 2):278, Mar 2008.

Summary: The average age of homeless adults is increasing; while 1/10 of homeless adults were aged 50 or older in the early 1990s, 1/3 were in the early 2000s. Homeless health care services have focused on meeting the health care needs of younger homeless populations (acute injuries, infections and substance abuse), which may differ from those of older homeless individuals (chronic disease, geriatric conditions). We investigated demographics, health care use and health care needs in a sample of homeless adults to determine if these differ by age. We administered a questionnaire to a random sample (N= 648) of adult attendees (N=2175) of a homeless outreach event, assessing use of and access to health care in the prior year. We asked participants if they had a regular place where they received health care other than the Emergency Department (ED); if they had a regular health care provider; if they were unable to obtain needed health care; if they had visited the ED or been admitted to the hospital for a physical or emotional problem; and if they had health insurance. We analyzed bivariate rates dichotomizing on age: 50 versus <50. We used multivariate models to determine predictors of health care use and health care access. 224 (39.9%) of the sample were aged 50 or over. Participants aged 50 and older were significantly more likely than those younger than 50 years to have a regular place for health care (72.8 vs. 51.3%), to have a regular health care provider

(65.6 vs. 43.3%), and to have health insurance (54.5 vs. 38.8%). Older participants were significantly less likely to be unable to obtain needed health care (21.0 vs. 29.9%). There were no significant differences between the two age groups in rates of ED visits (46.1% vs. 42.3%), hospital admissions for physical problems (23.7% vs. 25.5%), or in rates of self-reported fair or poor health status (58.5 vs. 52.8%). In a multivariate analysis of inability to obtain needed health care, after adjustment for age, gender, race and insurance status, only lack of health insurance predicted inability to obtain needed care. Age was not significantly associated. Age was not associated with use of acute medical services (ED visit or hospital admission) during the previous year. Increasing proportions of homeless adults are aged 50 and older, which may change the nature of the health care needs of homeless adults. While health care access is better amongst the older (compared to younger), it is still inadequate to prevent acute health care utilization and poor self-reported health.

Title: Priced Out of the Safety Net? Declining Access to Health Care among Birmingham 's Homeless, 1995-2005

Authors: Kertesz SG, Hwang SW, Ritchey FJ, Lagory M

Source: Journal of General Internal Medicine, 23(Suppl 2):379-380, Mar 2008.

Summary: In light of parallel federal policy initiatives targeting community health centers and homelessness, we examined changes in JGIM abstracts 379 access to health care among homeless persons in Birmingham, Alabama. We compared 2 representative community surveys (1995 & 2005) to examine whether the percentage unable to obtain care had changed, and whether individual characteristics or community factors could account for observed changes. Birmingham's homeless population was surveyed regarding health service experiences in 1995 (n=161) and 2005 (n=161). Contemporaneous citywide homeless counts guided sampling to assure proportionate representation of the population by race, gender and location. The outcome variable, Unmet Need for Care, was based on affirmation of having required health care while homeless but being unable to obtain it. Potential predictors of Unmet Need were devised in categories of Predisposing (age, race, incarceration and homeless history), Enabling (competing priorities, insurance, employment), and Need (physical symptom count, chronic medical or mental conditions, drinking and drug problems). In multivariable logistic regression applied to the combined sample (n=322), a term for Year (1995 vs 2005) served as a proxy for time-related changes in the local health care environment. We compared declared reasons for deferral of care in 1995 versus 2005, and interpreted these findings through discussion with providers and consumers. From 1995 to 2005, the percentage of homeless people in Birmingham reporting an Unmet Need for Care rose from 32% in 1995 to 54% in 2005. Changes in Birmingham's homeless population paralleled national trends in rising median age (37 vs 42) and greater prevalence of diagnosed chronic medical illness (34% vs. 47%). In adjusted analyses the only statistically independent predictors of Unmet Need were Year, Competing Priorities, and Physical Symptom Count. Being homeless in 2005 doubled the odds of an Unmet Need for Care, relative to 1995. Among

persons with an Unmet Need (n=52 in 1995, 87 in 2005), rising percentages cited monetary/insurance (42% vs 67%) and transportation (19% vs 41%) barriers in 1995 vs 2005. In community discussions, we noted increasingly stringent identification and referral requirements for receipt of free care and a decline in mobile outreach. For homeless persons in Birmingham, changes in the local health care environment appear to have increased barriers to accessing healthcare over the past 10 years. In light of national data showing that safety net resources have not kept pace with the rise in demand for safety net services, similar challenges may affect homeless persons in other communities.

Title: The Health Encounter as a Treatable Moment for Homeless Substance-Using Adults: The Role of Homelessness, Health Seeking Behavior, Readiness for Behavior Change and Motivation for Treatment

Authors: O'Toole TP, Pollini RA, Ford DE, Bigelow G

Source: Addictive Behavior, May 9, 2008. [Epub ahead of print]

Summary: Substance-using homeless persons frequent emergency departments and hospitals often. However, little is known about how homelessness affects when they seek care and their motivation for substance abuse treatment (SAT). We surveyed homeless (N=266) and non-homeless (N=104) substance-using adults sequentially admitted to an urban hospital medicine service, comparing demographics, readiness for change (URICA), and motivating reasons for SAT. Homeless respondents were more likely to be younger, uninsured, have hepatitis B/C, and <12th grade education. The majority in both groups were in either a precontemplative or contemplative stage of change, although more homeless respondents were in an action stage. They also had similar motivating reasons for wanting SAT, although being homeless was an additional motivator for the majority of homeless respondents. Almost half reported that being homeless caused them to delay seeking health care; paradoxically those citing physical health as a SAT motivator were 3.4 times more likely to have delayed care. While acutely ill homeless persons were at least as motivated for SAT, these data suggest the challenge is getting them to care in a timely manner and tailoring interventions during the care episode to avail of this motivation.

Title: Client-Level Measures of Services Integration among Chronically Homeless Adults

Authors: Mares AS, Greenberg GA, Rosenheck RA

Source: Community Mental Health Journal, May 1, 2008. [Epub ahead of print]

Summary: While several major studies have examined services integration at the system or interagency level, there has been far less effort to measure the integration of services at the client-level and its correlates. This study presents three client-level measures of services integration, two objective measures, representing the proportion of needed services received and the number of outpatient services received by each client, and one subjective measure, a five-item scale measuring perceived coordination of care among clients' service providers. Data from the evaluation of the collaborative initiative to help end chronic homelessness

(CICH) are used to examine bivariate and multivariate relationships of these three client-level measures to two system-level measures of services integration, one addressing interagency services coordination/planning and the other interagency trust/respect as well as to baseline client characteristics among 734 chronically homeless adults in 11 cities. Client-level measures of service integration were not strongly associated to each other or to the system-level measures, except for weak associations between one objective client measure and the system-level measure of service coordination and planning, and another between client-level use of outpatient mental health services and system-level trust and respect. Multivariate analysis showed that clients who received a greater array of needed services received more service overall and were more likely to have a diagnosis of PTSD and more medical problems, but less serious alcohol problems. Clients who reported more outpatient mental health and substance abuse visits were significantly more likely to be married, to be veterans, to have more serious drug problems, and to be dually diagnosed. Clients with more serious drug problems reported poorer coordination among their service providers on the subjective measure of client-level service integration. Three client-level measures of services integration were, at best, weakly associated with measures of system-level integration. Positive associations between client-level measures of integration and health status, outpatient service use and negative relationships with indicators of substance abuse suggest they may usefully represent the experiences of chronically homeless clients, even though they are not strongly related to system-level measures.

Title: Increasing Competency in the Care of Homeless Patients

Authors: Drury LJ

Source: Journal of Continuing Education in Nursing, 39(4):153-154, Apr 2008.

Summary: Nurses play a critical role in helping homeless patients make the transition from revolving door hospitalizations or emergency department visits to ongoing care through an outpatient clinic. This column focuses on increasing competency in the care of homeless patients. The next column will focus on a different type of transition-preparing hospitalized patients for discharge and referral to home health care.

SOCIAL SUPPORT

Title: Stress, Social Support, and Outcomes in Two Probability Samples of Homeless Adults

Authors: Toro PA, Tulloch E, Ouellerre N

Source: Journal of Community Psychology, 36(4):483-498, May 2008.

Summary: This study investigated the main effects of social support measures and their stress-buffering effects in two samples of homeless adults (Ns = 249 and 219) obtained in the same large county (surrounding Detroit) at different points in time over an 8-year period (1992-1994 and 2000-2002). The findings suggest that the construct of social support, commonly applied to broad community and student samples, can also be usefully applied to at-risk groups such as the homeless. Although the study's main effects and stress-buffering effects were generally consistent with

existing research on social support, the findings point out that expected results do not consistently emerge even when similar sampling and measurement techniques are employed. For example, a measure of perceived support showed consistent main and stress-buffering effects on psychological symptoms (but not other outcomes) and social network measures showed less consistent effects on outcomes (e.g., alcohol and drug abuse symptoms).

DEPRESSION

Title: Personal Resources and Homelessness in Early Life: Predictors of Depression in Consumers of Homeless Multiservice Centers

Authors: Deforge BR, Belcher JR, O'Rourke M, Lindsey MA

Source: Journal of Loss and Trauma, 13(2-3):222-242, 2008.

Summary: This study explored the relationship between personal resources and previous adverse life events such as homelessness and depression. Participants were recruited from two church sponsored multisite social service centers in Anne Arundel County, Maryland. The interview included demographics and several standardized scales to assess history of homelessness, medical history, personal resources, and depressive symptoms. A hierarchical multiple regression analysis revealed that participants with higher levels of depressive symptoms were older, had a history of homelessness, had more health problems, had a history of mental illness, and had lower self-esteem, mastery, and mattering. A subanalysis indicated that individuals who had experienced homelessness at or before age 21 had higher levels of depressive symptoms than those who were first homeless as an adult. Previous history of homelessness, especially before age 21, and lack of personal resources may place individuals at risk for psychological distress, including higher levels of depressive symptoms.

HUNGER AND FOOD ISSUES

Title: Homelessness and Hunger

Authors: Lee BA, Greif MJ

Source: Journal of Health and Social Behavior, 49(1):3-19, Mar 2008.

Summary: We employ data from the National Survey of Homeless Assistance Providers and Clients to examine the character and correlates of hunger among homeless people. Our analysis, couched in an adaptation framework, finds more support for the differentiation hypothesis than for the leveling hypothesis: Complex patterns of food insecurity exist at the individual level, and they vary with the resources available (e.g., higher monthly income, regular shelter use) and obstacles faced (e.g., alcohol, drug, and physical and mental health problems). The chronically homeless, who suffer from multiple deficits, appear particularly food-insecure, a finding that favors the desperation hypothesis over its street-wisdom alternative. We conclude that hunger is not uniformly experienced by members of the homeless population. Rather, some individuals are better situated than others to cope with the stressful nature of homelessness when addressing their sustenance needs.

Title: Nutritional Assessment of Charitable Meal Programmes Serving Homeless People in Toronto

Authors: Tse C, Tarasuk V

Source: Public Health Nutrition, 12:1-10, Jun 2008. [Epub ahead of print]

Summary: The objectives of this study were to assess the potential nutritional contribution of meals provided in a sample of community programmes for homeless individuals, to determine the effect of food donations on meal quality and to develop food-based guidance for meals that would meet adults' total nutrient needs. The setting was Toronto, Canada. Study design was an analysis of weighed meal records from eighteen programmes. The energy and nutrient contents of meals were compared to requirement estimates to assess contribution to total needs, given that homeless people have limited access to nutritious foods. Mixed linear modelling was applied to determine the relationship between the use of food donations and meal quality. The composition of meals that would meet adults' nutrient requirements was determined by constructing simulated meals, drawing on the selection of foods available to programmes. The total sample was seventy meals, sampled from eighteen programmes serving homeless individuals. On average, the meals contained 2.6 servings of grain products, 1.7 servings of meat and alternatives, 4.1 servings of vegetables and fruits and 0.4 servings of milk products. The energy and nutrient contents of most meals were below adults' average daily requirements. Most meals included both purchased and donated foods; the vitamin C content of meals was positively associated with the percentage of energy from donations. Increasing portion sizes improved the nutrient contribution of meals, but the provision of more milk products and fruits and vegetables was required to meet adults' nutrient requirements. The meals assessed were inadequate to meet adults' nutrient requirements. Improving the nutritional quality of meals requires additional resources.

Title: Dietary Intake, Overweight Status, and Perceptions of Food Insecurity among Homeless Minnesotan Youth

Authors: Smith C, Richards R

Source: American Journal of Human Biology, May 19, 2008. [Epub ahead of print]

Summary: Youth, 9-18 years (n = 202), living in homeless shelters in Minneapolis, Minnesota, were assessed for height, weight, dietary intake, and perceptions of food insecurity. Perceptions of food security were measured by asking youth to respond to the statements (1) "There are times when we do not have enough food in the house," (2) "I go to bed hungry at night," (3) "I do not get enough to eat at home," and (4) "Have you ever had to miss a meal (or not been able to eat) because there was no food at home?" Additionally, questions evaluated coping mechanisms used by children to ward off hunger. Fifty-five percent of the children reported not enough food in the house and 25% reported going to bed hungry. Youth had inadequate intakes of vitamin D, calcium, and potassium and the majority consumed less than the estimated average requirements (EAR) for vitamins A, C, and E, phosphorus, folate, and zinc. Fruits, vegetables, and dairy were

also consumed below recommended levels. Forty-five percent of boys and 50% of girls were at risk-for-overweight or were overweight. Overeating, eating anything, eating disliked foods, and eating at the homes of family and friends were identified as strategies to cope with food insecurity. Overeating when food is available may explain why we see a hunger-obesity paradigm to the magnitude that we do among the poorest Americans. These strategies protect children from the immediate negative associations of poverty and hunger, but they may contribute to long-term weight problems currently found in the US.

HCH PROGRAM CLIENTS

Title: Survey Findings on Characteristics and Health Status of Clients Treated by the Federally Funded (US) Health Care for the Homeless Programs

Authors: Zlotnick C, Zerger S

Source: Health and Social Care in the Community, Jun 17, 2008.

Summary: For almost two decades, the US Health Care for the Homeless (HCH) Program has funded clinics across the country for homeless populations. Between October and December 2003, for the first time ever, a nationally representative sample of the almost 200 HCH clinics with a response rate of approximately 71% (the HCH User Visit Survey) was created to examine the health status of its users (n = 1017). This study employed the HCH User Visit Survey's cross-sectional data set to evaluate health indicators of individuals using HCH Services with the US population, and compare individuals who reported they routinely used HCH clinics ('usual' HCH users) to those who did not ('non-usual' users). HCH users had poorer health status than the US population (44.0% versus 12.3%, respectively). Usual HCH users had similar healthcare status compared to non-usual users, but were more likely to be uninsured, non-English speakers, and walking or taking public transportation to their medical appointments. Usual versus non-usual HCH users were also more apt to have slept in cars, buses or on the streets in the week prior to the survey (14.8% versus 4.3%, respectively). This study shows that the HCH clinics are serving homeless individuals who have a variety of complex health and psychosocial needs, and its most frequent users are those who experience the most barriers accessing care.

HOMELESS ELDERLY

Title: Medical Care for the Homeless Elderly

Author: Horn A

Source: Care Management Journal, 9(1):25-30, 2008.

Summary: This is a case study of two elderly, frail women in New York City who were recently rendered homeless. One woman had a massive tumor on her occipital scalp; the other was in renal failure. The obstacles and complexities of providing care to those with double jeopardy-being elderly and homeless-are described. There are enormous difficulties for placement into safe, supportive housing once people become homeless. The process is expensive and labor intensive. This can be complicated by the existence of mental illness. A New York agency that works with mentally ill homeless people is described. There are systemic

obstacles as well: One woman loses her Medicaid when she moves from one state to another to be closer to her family. Another, 82 years old, is told to get a job so that she could qualify for Medicare. There are numerous contradictions and unnecessary costs in a fragmented health care system to which the obvious solution is a national single-payer system of care.

CANCER TREATMENT

Title: The Effect of a Single Dose of Oral Ivermectin on Pruritus in the Homeless

Authors: Badiaga S, Foucault C, Rogier C, Doudier B, Roverly C, Dupont HT, Castro P, Raoult D, Brouqui P

Source: The Journal of Antimicrobial Chemotherapy, May 1, 2008. [Epub ahead of print]

Summary: Homeless people commonly present with ectoparasite-based pruritus. We evaluated the efficacy of a single dose of ivermectin to reduce the pruritus prevalence in a homeless population. We conducted a randomized, double-blind, placebo-controlled trial from January 2006 to April 2006 in two homeless shelters in the city of Marseille, France. Homeless people complaining of pruritus were randomized to receive either ivermectin (24 mg) or placebo. Follow-up visits were planned at day 14 and day 28 after the inclusion to assess the outcome of pruritus. Results Forty-two subjects with pruritus were randomized to the ivermectin group and 40 to the placebo group. On day 14, pruritus was reported by significantly more subjects in the placebo group than those in the ivermectin group for both the per-protocol (PP) population (91.42% versus 68.57%) and the intention-to-treat (ITT) population (92.5% versus 73.80%). No significant effect was observed at day 28. Ivermectin was the only independent factor associated with the absence of pruritus at day 14 in both PP population and ITT population. A single dose of oral ivermectin has a transient beneficial effect on the reduction of the prevalence of pruritus in the homeless population. More studies are required to assess the efficacy of multiple repeated treatments with ivermectin to reduce scabies and body lice endemic among homeless people with pruritus and the impact of such treatment on this population.